



S O C I A L
S E C U R I T Y
A G E N C Y

BI103

Reduced Earnings Allowance

(December 2005)

Use this form to claim Reduced Earnings Allowance if

- you had an accident at work before 1 October 1990, **or**
- you first suffered from a disease caused by your work before 1 October 1990, **and**
- you cannot go back to your normal job, **and**
- you cannot do another job with similar pay.

You must claim Disablement Benefit for that accident or disease if you have not already done so.

Reduced Earnings Allowance cannot be paid if your accident happened or you first suffered from your disease on or after 1 October 1990. You may also not get Reduced Earnings Allowance if you are claiming for a disease added to the industrial injuries scheme on or after 10 October 1994, or for an extension made to a disease on or after 10 October 1994.

If you are claiming Reduced Earnings Allowance because of an accident you should read leaflet **SD7** *Disabled because of an accident at work* before making your claim. If you are claiming Reduced Earnings Allowance because you are suffering from a Prescribed Disease you should read leaflet **SD6** *ill or disabled because of a disease or deafness caused by work?* before making your claim.

If you have not got a copy, you can get one from any Social Security or Jobs & Benefits Office.

If you want some help filling in this form you can ask a friend to help you, or you can ask at your Social Security or Jobs & Benefits Office. The notes on page 16 will also help you complete this form.

If any box on this form is not big enough for your answer, continue on a separate sheet of paper. Make sure that you put your full name and National Insurance (NI) number on each separate sheet you use and attach it securely to this form.

Benefit you can get because of this claim can be paid more quickly if you answer all the questions on this form that apply to you and your partner, if you have one. If you cannot do this get in touch with us, but benefit you can get because of this claim may be delayed.

We use *partner* to mean

- a person you are married to or a person you live with as if you are married to them, or
- a civil partner or a person you live with as if you are civil partners.

Send this form back to us as soon as you can. If you delay, you could lose money.

It is Agency policy to provide you with all of the information, advice and help to complete any Social Security benefit claim form. Please feel free to contact your nearest Social Security or Jobs & Benefits Office, Community Benefit Office or the Benefit Shop, Royal Avenue, Belfast.

If you would like further information about disability benefits, you can also contact the Benefit Enquiry Line. The telephone number is 0800 220 674.

However, if you do not want to make use of our services, you may be able to get help from a friend, relative or an Advice Centre.



Industrial Injuries Branch,
Castle Court,
Royal Avenue,
Belfast, BT1 1SD
Tel: 028 9033 6000, Fax 028 9033 6956,
www.dsdni.gov.uk

Please turn over >

Part 1 About you

Please tell us about yourself – please write clearly

a Your surname or family name

Mr Mrs Miss Ms Dr Rev

b Other names – in full

c All other surnames or family names you have been known by or are using now. Please include maiden name, all former married names and all changes of family name

d Address

e Daytime phone number

Code Number

f What is this number?

Please tick

Home Work Mobile Fax

g Date of birth

/ /

h National Insurance (NI) number

You can find the number on your National Insurance (NI) numbercard, letters from social security or payslips

Letters Numbers Letter

If you do not know your NI number, have you ever had one or used one at any time?

No

Yes

Please give the address of your local Post Office for any urgent payments we may need to make.

Part 2 Filling in the form and signing it for someone else

Only complete this section if you have filled in the form for the applicant because they are **unable** to do so.

Please tell us why the applicant cannot fill in the form. Tick the boxes that apply.

The applicant cannot sign the form because their illness or disability makes it impossible to do so.

The Department for Social Development has appointed me to get the applicant's benefits and deal with social security matters on the applicant's behalf.

Part 2 Filling in the form and signing it for someone else – continued

The applicant is unable to manage their affairs because of mental illness or mental disability.

Any other reason – please explain

Please tell us about yourself – please write clearly

a Your surname or family name

b All your other names – in full

c Address

d Daytime phone number

Code	Number
------	--------

e What is this number?

Please tick

Home Work Mobile Fax

f National Insurance (NI) number

You can find the number on your National Insurance (NI) numbercard, letters from social security or payslips

Letters	Numbers	Letter
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

Part 3 About your accident or disease

a What was the date of the accident or when did you first suffer from the prescribed disease?

b From which date do you wish to claim Reduced Earnings Allowance?

(See note 6 at part 13)

c What injury did the accident cause or what is the name of the prescribed disease for which you are claiming Reduced Earnings Allowance?

d Have you been to a hospital or clinic for treatment because of the accident or prescribed disease? **No** **Yes**

Go to question e

Please tell us about all the hospitals or clinics you have been to. If you need to tell us about more than 2 hospitals or clinics, please use a separate sheet of paper. Make sure that you put your full name and National Insurance (NI) Number on each separate sheet of paper you use.

Please turn over >

Part 3 About your accident or disease – continued

d continued

Hospital or Clinic 1

Hospital or Clinic 2

Name and address of hospital or clinic

Department or ward

--

--

Reference number or admission number

--

--

Name of specialist if you know it

--

--

Dates of treatment

From	To
<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
<input type="text" value="/ /"/>	<input type="text" value="/ /"/>

From	To
<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
<input type="text" value="/ /"/>	<input type="text" value="/ /"/>

Were you an in-patient or an out-patient?

In-patient Out-patient

In-patient Out-patient

Did you have an x-ray?

No
Yes

No
Yes

e We may have to ask you to attend a medical examination by a doctor or specialist.

If you have any problems in attending a medical examination, please tell us about them here

--

Part 4 About your work before the accident or disease

a What was your job at the time of the accident or onset of the disease?

(See note 1 at Part 13)

b Was this your regular job?

(See note 2 at Part 13)

No What was your regular job?

Yes

c Was this job full-time or part-time?

Full

Part

How many hours a week did you work?

d What was the name and address of your employer at the time of the accident or onset of the disease?

Job you were doing

Your regular job, if different

Postcode

Postcode

e What was your payroll, staff, clock or check number?

(If you do not know or did not have one, please say which department you worked in)

f Describe fully what you did in your regular job

(See note 3 at Part 13)

g How do you think your injury or disease stops you from doing your regular job?

(See note 4 at Part 13)

h How long have you been doing the job?

i What were your average weekly earnings?

(See note 5 at Part 13)

Basic £

Basic £

Bonus £

Bonus £

Overtime £

Overtime £

Please turn over >

Part 4 About your work before the accident or disease – continued

j Give details of any additions to your earnings and their estimated weekly value.
(See note 5 at Part 13)

k Did you have any other job at the same time as your regular job at the time of accident or disease?

No

Yes

Please give details.
What was the job?
(See note 3 at part 13)

How many hours did you work?

What were your earnings?
(See note 5 at Part 13)

£

l If you think the injury or disease means you will lose the chance of promotion to do higher paid work in your regular job, please give details.

Part 5 Details of work in your regular job after the accident or disease

a Since the date of the accident or onset of the disease, have you gone back to work in your regular job either with your old employer or with a new employer?

No Go on to Part 6

Yes If you are working for a new employer, please give their name and address

Postcode

b Did you go back to your job because you thought you were fit enough to do all your normal duties each day?

No If you did not think you were fit enough, why did you go back to your job.

Yes

c What were the dates you worked?

From / / To / /

From / / To / /

Part 5 Details of work in your regular job after the accident or disease – continued

d What were your average weekly earnings?

(See note 5 at Part 13)

e If they were different from your earnings before the accident or disease, say why

f Give details of any additions to your earnings and their estimated weekly value

(See note 5 at part 13)

Part 6 Details of work in a different job after the accident or disease

a At any time since the date of accident or onset of the disease have you worked in a job other than your regular job?

No

Go on to Part 7

Yes

Tell us about all the jobs you have done. If you need to tell us about have more than 2 jobs, please use a separate piece of paper. Make sure that you put your full name and National Insurance (NI) number on each separate piece of paper you use.

Job 1

Job 2

Name and address of employer

Clock or check number

The dates you did the job

From

To

 / /
 / /

From

To

 / /
 / /

Full details of what you did in the job.

(See note 3 at Part 13)

Gross weekly earnings.
(See note 3 at Part 13)

£

£

If you left the job, please say why

Please turn over >

Part 8 Details of unemployment since the accident or disease

a At any time since the date of accident or onset of the disease have you been unemployed? No Go to Part 9
Yes Please give details

b Have you registered at a Jobcentre? No Please tell us why not, then go to question e
Yes

c At which Jobcentre have you registered?

d What type of work have you registered for?

e Have you been promised a job? No
Yes Please give details

Name and address of the employer

<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

Type of job

Date you start work

From

To

Hours you will work

Wages you will earn

Please turn over >

Part 9 About other benefits and entitlements

- a** Are you or your partner, if you have one, getting Income Support (IS), Jobseeker's Allowance (JSA) or Pension Credit? **No** Go on to Part 10
Yes Go on to question **b**

Tick YES if you or your partner have

- claimed Income Support or Jobseeker's Allowance, or
- applied for Pension Credit.

We use *partner* to mean a person you are married to or a person you live with as if you are married to them, or a civil partner or a person you live with as if you are civil partners.

- b** What date did you or your partner claim Income Support or Jobseeker's Allowance, or apply for Pension Credit?

- c** Which Social Security or Jobs & Benefits Office is dealing with the claim for Income Support/ Jobseeker's Allowance?

Postcode

- d** Who is getting Income Support, Jobseeker's Allowance or Pension Credit or is waiting to hear about it?

You

Your partner Please tell us about your partner

Their surname or family name

Their other names

Their National Insurance (NI) number, if you know it.

Letters	Numbers	Letter
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>

If you do not know their NI number, please tell us their date of birth

Part 10 Making payments to you

We normally pay Reduced Earnings Allowance directly into an account. This is the safest way to pay you and lets you choose how and when you get your money. You can use a bank or building society. You may be able to use a cash machine, which will usually mean you can get your money at any time of the day or night. Most of these machines can be used for free, but some of them will charge you to take your money out. If so, you will be warned by a message on the screen. This will give you the opportunity to cancel your transaction without being charged. There are arrangements with banks and building societies so that you can collect cash from some of their accounts at your Post Office® branch. The Post Office® also provides a bank account that we can pay benefits into. With this account you can only collect your money in cash from Post Office® branches during opening hours.

Payment direct into an account

How you will be paid.

Your benefit and entitlements will be paid into the account every 4 weeks, every 13 weeks or every week.

Finding out how much is paid into the account.

We will tell you when the first payment will be made and how much it is for. Each payment, after the first one, should be for the same amount unless there is a change in your circumstances. We will tell you whenever we know there is going to be a change in the amount we pay into your account.

You can check your benefit payments on your account statements. Your statements will show your National Insurance (NI) number next to payments that are from us. A Post Office® card account statement shows your payment details but not your National Insurance (NI) number. If you think your payment is wrong, get in touch with Industrial Injuries Branch, Castle Court, Royal Avenue, Belfast BT1 1SD Telephone (028) 9033 6000.

If not enough money is paid into the account.

If we do not pay enough money into the account, we will make another payment or add the money we owe you onto your next payment. We will contact you to tell you what we are going to do.

Sometimes too much money may be paid into your account.

If this is because of the way the system works for payments directly into an account, we have the right to recover any money you are not entitled to. For example, you may give us information which means you are entitled to less money but we may not be able to change the amount already sent out. We will contact you first if we propose to recover any money.

Getting someone to collect your benefit.

If you want someone else to collect your benefit for you regularly, you may be able to make arrangements with your bank, building society or, if you have a Post Office® card account, the Post Office. Please ask them for help with this.

About the account you want to use

Tick this box if you agree to be paid directly into an account and understand the information about being overpaid

Please turn over >

Part 10 Making payments to you – continued

Please give your account details below. You must fill in ALL boxes including the building society roll or reference number if you have one.

You can find the account details on the cheque book, passbook or statements. If you are not sure about the details, ask the bank or building society, or the Post Office® if it is a Post Office® card account. A Post Office® card account can only be in your name

Whose name or names is the account in?

In your name, or

In the name of your partner, or

In the names of you and your partner, or

In the name of the person acting on your behalf, or

In the names of you and the person acting on your behalf.

We use *partner* to mean the person you are married to or a person you live with as if you were married to them, or a civil partner or a person you live with as if you are civil partners.

By ticking the box for an account that includes the name of the person acting on your behalf, you confirm that you will authorise them to use the money in the way you tell them, or you are an appointee acting on behalf of a customer.

What name or names is the account in?

Please write the name or names as they appear on the cheque book, passbook or statement.

Full name of bank or building society

For a Post Office® card account write **Post Office**.

Sort Code

Please tell us all six numbers, for example: 12-34-56.

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>
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Account Number

This is 7 to 10 numbers long.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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More information if it is a building society account

Building Society roll or reference number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Some building societies accounts use a roll or reference number. The number is on the passbook. The roll or reference can contain letters and numbers and can be up to 18 characters long.

If you are not sure if the account has a roll or reference number, ask the building society.

You may be getting other benefits and entitlements that are not paid directly into an account, at the moment. If you now agree to have them paid into this account, please tell us the names of the benefits or entitlements

How often can I be paid?

Having your payment into an account will not affect how often you are paid

Tick one box to tell us how often you want your benefit to be paid.

Every 4 weeks Every 13 weeks Every week

If you did not complete Page 11 and 12

Please read the notes below then tick Box 1 or Box 2

If you have a bank or building society account but you do not wish to use it, for example a joint account, any bank or building society will help you open an account that suits you better. Remember to ask whether their accounts allow you to get your money from the Post Office®, if this is important to you.

Basic bank accounts

If you have had problems opening a current account, or if you are worried about being overdrawn, you could ask any bank or building society about opening a basic bank account. These are sometimes called introductory or starter accounts and are available from all major banks. These accounts offer free banking but overdrafts are not available. You can use these accounts to pay money in, pay bills automatically and get cash out. Many basic bank accounts also allow you to get cash from Post Offices®.

Post Office® card account

This is a simple bank account that can only have benefit, pension, entitlement, allowance or tax credit payments paid into it. You can only collect payment from it in cash at a Post Office® branch during opening hours. You will not have a cheque book and cannot withdraw money at a cash machine. You will not be able to run up an overdraft, pay bills by Direct Debit or Standing Order, or have your salary or any other money paid in. The account can only be in your name. You may be able to arrange with the Post Office® for someone else to collect your benefit regularly from this account.

What to do now

Tick the box that applies to you

Box 1

I intend to open an account.....

Complete the claim form and send it to us now. Do not wait until you have opened an account.

Any bank or building society will help you open an account. If you want to get your money at the Post Office®, check that the account allows you to do this. **If you want us to pay into an account, tell us your account details as soon as you have them.**

Box 2

I would like information about how I can be paid by other means

We will contact you about your payment options. If, in the meantime, you want more information about opening a bank or building society account or a Post Office® card account, please contact us.

COMPLETE THE CLAIM FORM AND SEND IT TO US NOW. Do NOT wait until you have opened an account.

Part 11 Other information

Use this space to tell us anything else you think we might need to know about your claim.

If there is not enough space, please continue on a separate sheet of paper. Make sure you put your full name and National Insurance number on each sheet you use.

Part 12 Declaration

Declaration

- **I declare** that the information I have given on this form is correct and complete as far as I know and believe.
- **I understand** that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.
- **I understand** that I must promptly tell the office that pays my benefit of anything that may affect my entitlement to, or the amount of, that benefit.
- **I agree** that
 - the Department for Social Development
 - any doctor advising the Departmentmay ask
 - any doctor who has treated me
 - any hospital or place where I have been treated
 - any one else who has given me treatment (such as a physiotherapist)for any information which is needed to deal with this claim for benefit or any requests for this claim to be looked at again and that the information may be given to that doctor or the Department.
- **I agree** that the Department for Social Development have my permission to ask my employer for details of my sickness record both prior to, and since the accident or disease for which I am now claiming disablement benefit
- **I also understand** that the Department may use the information which it has now or may get in the future to decide whether I am entitled to:
 - the benefit I am claiming
 - any other benefit I may have claimed
 - any other benefit I may claim in the future.

This is my claim for Reduced Earnings Allowance.

Signature

Date

Please turn over >

Part 13 Notes to help you complete this form

- 1 Give the name of your particular job as it is known by your employer, including the grade where appropriate.
- 2 Your regular job is the job which you normally did at the time of your accident or onset of the prescribed disease.

If you were temporarily engaged in a different job at the time of your accident or onset of the prescribed disease, but intended to return to your normal work, then your normal job is your regular job.

If you had taken up a new job just before the accident or onset of the prescribed disease, and you intended to follow the new job permanently, show the new job as your regular job.
- 3 Describe the job in detail and indicate any special physical effort that is involved, for example
 - much kneeling
 - bending
 - lifting – details of weights lifted should be given
 - climbing.
Describe any unusual conditions under which the work is performed, for example
 - work underground
 - work in confined spaces
 - work at heights
 - being exposed to heat
 - being exposed to liquids.
- 4 Indicate which part of your regular job you would be unable to perform either temporarily or permanently and give reasons.
- 5 State your gross salary or wages, before deductions for Income Tax or National Insurance contribution, with the average overtime or bonus shown separately. Any additions such as the provision of living accommodation, free fuel, light, etc. should be stated with their value, if known.
- 6 You can usually only get Reduced Earnings Allowance from the date you first lost earnings because of your accident or disease. We cannot pay you money for any period more than 3 months before you make your claim.

Part 14 What to do now

Check that you

- have answered all the questions that apply to you.
- have signed this form.

Send this form back to us as soon as possible. If you delay, you could lose money.

The address is: - The Social Security Agency
Industrial Injuries Branch
Castle Court
Royal Avenue
Belfast BT1 1SD
Tel: 028 9033 6000

Part 15 What happens next

- Benefit you can get because of this claim can be paid more quickly if you answer all the questions on this form that apply to you and your partner, if you have one. If you cannot do this, get in touch with us, but benefit you can get because of this claim may be delayed.

We use *partner* to mean

- a person you are married to or a person you live with as if you are married to them, or
- a civil partner or a person you live with as if you are civil partners
- We will write to you and tell you that we have received your claim.
- A decision maker will look at your claim.

Decision makers are people who decide whether the law says you are entitled to benefit or not. They also decide how much benefit the law says you are entitled to.

- To help the decision maker decide on your claim, we may need to get more information or to make enquiries on your claim. For example, we may write to any employer, doctor or hospital that you have told us about in this form.
- If the decision maker decides that your accident was an industrial accident, we may ask you to come for a medical examination. If that happens, we will write and tell you where and when the examination will take place. If you are not fit to travel or you are in hospital, we will ask the doctor to come to you.
- If you can get Reduced Earnings Allowance, we will write and tell you
 - how much money you can get
 - more about the benefit.
- If you cannot get Reduced Earnings Allowance, we will write and tell you the reason and what to do if you disagree.

Part 16 How we collect and use information

The Department for Social Development collects information for purposes of dealing with social security, child support, employment and training purposes, urban regeneration, housing and community development. The information we collect about you depends on the reason for your business with us, but we may use the information for any of these purposes.

We may check information about you with other information we have. We may get information about you from other people and certain other organisations. We may give information to certain other organisations, as the law allows, to:

- check the accuracy of information;
- prevent or detect crime;
- protect public funds in other ways; and
- use in research or statistics.

These other organisations include other government departments, authorities administering Housing Benefit, and private-sector bodies such as banks and organisations that may lend you money. We will not give information about you to anyone outside our department unless the law allows us to.

The Department for Social Development is the Data Controller for the purposes of the Data Protection Act 1998.

If you want to know more about what information we have about you, or the way we use your information, please contact us. You can contact any of our offices and ask for leaflet *Data Protection Act 1998 - It affects you*. Or you can find a copy of the leaflet on our website. The address is www.dsdni.gov.uk

